

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN326AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2009
NAME OF PROVIDER OR SUPPLIER ODD FELLOWS RETIRE MANOR INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1155 BEECH ST RENO, NV 89512		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on August 18, 2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility was licensed for 118 Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness. The census at the time of the survey was ninety-five. Twenty-five resident files were reviewed and ten employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of B. The following deficiencies were identified:	Y 000		
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 8/18/09, the facility failed to ensure 1 of 10 caregivers met	Y 105		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1 background check requirements (Employee #2). This was a repeat deficiency from the 8/21/08 State Licensure survey. Severity: 2 Scope: 1	Y 105		
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446 NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division. This Regulation is not met as evidenced by: Based on observation, interview and record review on 8/18/09, the facility failed to ensure the kitchen complied with the standards of NAC 446: - Undated container of sour cream was found. Containers need to indicate the date opened. - Exposed copper drain line on interior of walk-in. Paint or wrap exposed copper and worn paint on shelves in kitchen cabinet where clean tableware is stored. These need to be painted. - Sanitizer solution for wiping cloths is much too strong, greater than 400 ppm quat. Ensure proper	Y 255		

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Y 255	Continued From page 2 concentration. - Trash dumpster is overfilled and won't close with evidence of leakage to include dried liquid on the ground in front of the dumpster. Provide more dumpsters or increase frequency of pick-up and keep area clean. - Rinse and hang mop to dry after using. Severity: 2 Scope: 3	Y 255			
Y 859 SS=E	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Based on record review on 8/18/09, the facility failed to ensure that 7 of 25 residents received an annual physical (Resident \$4, #6, #9, #19, #20, #21 and #24). This was a repeat deficiency from the 8/21/08 State Licensure survey. Severity: 2 Scope: 2	Y 859			

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Y 936	Continued From page 3	Y 936			
Y 936 SS=E	<p>449.2749(1)(e) Resident file-NRS 441A Tuberculosis</p> <p>NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Based on record review on 8/18/09, the facility failed to ensure 4 of 25 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #6, #10, #20 and #25) which affected all residents.</p> <p>This was a repeat deficiency from the 8/21/08 State Licensure survey.</p> <p>Severity: 2 Scope: 3</p>	Y 936			

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